

40th ANNUAL GENERAL MEETING

APRIL 26 -29, 2007

Hotel Palacio del Rio

San Antonio, Texas



Registration Form

Company: _____

Address: _____

Contact: Name: _____

Phone: _____ Fax: _____

E-Mail _____

SECTION A

Attending Delegate(s)

Spouse / Partner

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION B *(Photocopy for Additional Registrations)*

HOTEL RESERVATIONS *(Mark with "X")*

Delegate Name	Wed Apr 25	Thurs Apr 26	Fri Apr 27	Sat Apr 28	Sun Apr 29	King Bed	Double Bed

HOTEL RESERVATIONS (Cont'd from previous pg)

No. of Five (5) Night Registrations	Couple _____ x \$1,850.00 =	\$ _____
	Single _____ x \$1,600.00 =	\$ _____
No. of Four (4) Night Registrations	Couple _____ x \$1,640.00 =	\$ _____
	Single _____ x \$1,400.00 =	\$ _____
No. of Three (3) Night Registrations	Couple _____ x \$1,430.00 =	\$ _____
	Single _____ x \$1,200.00 =	\$ _____
Total Section B		\$ _____

SECTION C OPTIONAL TOURS (Mark with "X")

	Name	Opt 1	Opt 2	Opt 3	Opt 4		Opt 5
					Club Rentals		
					L	R	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

No. Option 1	_____ x \$45.00 =	\$ _____
No. Option 2	_____ x \$30.00 =	\$ _____
No. Option 3	_____ x \$25.00 =	\$ _____
No. Option 4	_____ x \$88.00 =	\$ _____
No. Club Rentals	_____ x \$55.00 =	\$ _____
No. Option 5	_____ x \$20.00 =	\$ _____
Total Section C		\$ _____
Total Section B + Section C		\$ _____

NOTE: ALL PRICES ARE IN CANADIAN FUNDS.

Make cheques payable to ORAC or use Visa or MasterCard.

CREDIT CARD PAYMENT AUTHORIZATION

VISA **MASTERCARD**

Name of Card Holder (Print) _____

Card No.: _____

Expiry Date: _____ Amount _____

Signature: _____

Date: _____

Return Registration Form with Payment to:

ORAC
6770 Davand Drive, Unit 43
Mississauga, Ontario L5T 2G3

Cancellation (Refund) Policy

ORAC will endeavour to refund all prepaid deposits in the event of a cancellation.

All returns are subject to the Cancellation Policies of the various Venues and their applied costs of cancellation.